H4400000/108

P. O. Box 1515 Vinter Haven, FL 33882

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Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

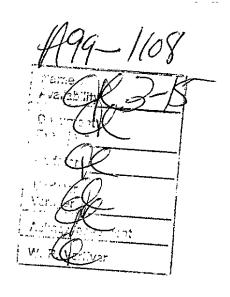
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NEW FILINGS			
	Profit		
	NonProfit		
	Limited Liability		
	Domestication		
	Other		

	AMENDMENTS
<u>-</u>	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/ QUALIFICATION
-	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other



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Examiner's Initials		
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 29, 2000

THE NOLL FAMILY LIMITED PARTNERSHIP P.O. BOX 1515 WINTER HAVEN, FL 33882-1515

SUBJECT: THE NOLL FAMILY LIMITED PARTNERSHIP

Ref. Number: A99000001108

We have received your document for THE NOLL FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$621.04. However, the document has not been filed and is being retained in this office for the following:

On the affidavit the general partner must sign.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 700A00010875

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned general partners of	The No	oll Famil	y Limi	ted Par	tnership		
					, a		
Florida Limited Partnership, executed the Florida Statutes.	his supple	mental affida	vit filed p	oursuant to	section 620.		
The total amount of the capital contribution	ions of the	limited partn	ers is: \$ _	182,068	SECRETA ALLAHA (1)	00 MAR	
This 21st day of February		-	,.49	2000	RY OF S	5 AM 8	FILED
FURTHER AFFIANT SAYETH NOT	·				ORIDA	8: 22	

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

Gene	ral Partner(s)	Con/factiven

Fees:	·
\$7 per \$1000, based on additional	
contributions	
Minimum \$ 52.50	
Maximum \$1750.00	

1)	Total	\$ 182,068
	Previously filed	(168,527)
	Additonal capital	\$ 13,541
	Fee due	\$ 94.79

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314